

Montana Medicaid - Fee Schedule

Physical Therapy

Definitions:

January 1, 2005

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 45% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$24.09.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2005 is \$30.11

Fees The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

NOTE: Therapy providers receive 90% of the calculated RBRVS fee. The 90% amount is the fee shown on this fee schedule.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team
					Office	Facility					Assist	CoSurg	
G0283		ELEC STIM OTHER THAN WOUND	7/2/2004	RBRVS	\$7.72	\$7.72	XXX						
95831		LIMB MUSCLE TESTING, MANUAL	7/2/2004	RBRVS	\$15.87	\$10.89	XXX						
95860		MUSCLE TEST, ONE LIMB	7/2/2004	RBRVS	\$61.75	\$61.75	XXX						
95860	TC	MUSCLE TEST, ONE LIMB	7/2/2004	RBRVS	\$24.90	\$24.90	XXX						
95860	26	MUSCLE TEST, ONE LIMB	7/2/2004	RBRVS	\$36.88	\$36.88	XXX						
95861		MUSCLE TEST 2 LIMBS	7/2/2004	RBRVS	\$78.10	\$78.10	XXX						
95861	TC	MUSCLE TEST 2 LIMBS	7/2/2004	RBRVS	\$18.89	\$18.89	XXX						
95861	26	MUSCLE TEST 2 LIMBS	7/2/2004	RBRVS	\$59.21	\$59.21	XXX						
95863		MUSCLE TEST, 3 LIMBS	7/2/2004	RBRVS	\$95.09	\$95.09	XXX						
95863	TC	MUSCLE TEST, 3 LIMBS	7/2/2004	RBRVS	\$23.63	\$23.63	XXX						
95863	26	MUSCLE TEST, 3 LIMBS	7/2/2004	RBRVS	\$71.46	\$71.46	XXX						
95864		MUSCLE TEST, 4 LIMBS	7/2/2004	RBRVS	\$121.26	\$121.26	XXX						
95864	TC	MUSCLE TEST, 4 LIMBS	7/2/2004	RBRVS	\$45.14	\$45.14	XXX						
95864	26	MUSCLE TEST, 4 LIMBS	7/2/2004	RBRVS	\$76.12	\$76.12	XXX						
97001		PT EVALUATION	7/2/2004	RBRVS	\$51.16	\$44.52	XXX						
97002		PT RE-EVALUATION	7/2/2004	RBRVS	\$26.91	\$22.41	XXX						
97010		HOT OR COLD PACKS THERAPY	7/1/2003	RBRVS	\$0.00	\$0.00	XXX						
97012		MECHANICAL TRACTION THERAPY	7/2/2004	RBRVS	\$10.32	\$10.32	XXX						
97014		ELECTRIC STIMULATION THERAPY	7/2/2004	RBRVS	\$9.62	\$9.62	XXX						
97016		VASOPNEUMATIC DEVICE THERAPY	7/2/2004	RBRVS	\$9.62	\$9.62	XXX						
97018		PARAFFIN BATH THERAPY	7/2/2004	RBRVS	\$4.47	\$4.47	XXX						
97020		MICROWAVE THERAPY	7/2/2004	RBRVS	\$3.27	\$3.27	XXX						
97022		WHIRLPOOL THERAPY	7/2/2004	RBRVS	\$10.05	\$10.05	XXX						
97024		DIATHERMY TREATMENT	7/2/2004	RBRVS	\$3.98	\$3.98	XXX						
97026		INFRARED THERAPY	7/2/2004	RBRVS	\$3.27	\$3.27	XXX						
97028		ULTRAVIOLET THERAPY	7/2/2004	RBRVS	\$4.04	\$4.04	XXX						
97032		ELECTRICAL STIMULATION	7/2/2004	RBRVS	\$10.78	\$10.78	XXX						
97033		ELECTRIC CURRENT THERAPY	7/2/2004	RBRVS	\$14.14	\$14.14	XXX						
97034		CONTRAST BATH THERAPY	7/2/2004	RBRVS	\$9.70	\$9.70	XXX						
97035		ULTRASOUND THERAPY	7/2/2004	RBRVS	\$8.53	\$8.53	XXX						
97036		HYDROTHERAPY	7/2/2004	RBRVS	\$15.63	\$15.63	XXX						
97039		PHYSICAL THERAPY TREATMENT	7/2/2004	RBRVS	\$8.01	\$8.01	XXX						
97110		THERAPEUTIC EXERCISES	7/2/2004	RBRVS	\$19.72	\$19.72	XXX						
97112		NEUROMUSCULAR REEDUCATION	7/2/2004	RBRVS	\$19.75	\$19.75	XXX						
97113		AQUATIC THERAPY/EXERCISES	7/2/2004	RBRVS	\$22.30	\$22.30	XXX						
97116		GAIT TRAINING THERAPY	7/2/2004	RBRVS	\$16.99	\$16.99	XXX						
97124		MASSAGE THERAPY	7/2/2004	RBRVS	\$15.17	\$15.17	XXX						
97139		PHYSICAL MEDICINE PROCEDURE	7/2/2004	RBRVS	\$10.64	\$10.64	XXX						
97140		MANUAL THERAPY	7/2/2004	RBRVS	\$18.26	\$18.26	XXX						
97150		GROUP THERAPEUTIC PROCEDURES	7/2/2004	RBRVS	\$12.03	\$12.03	XXX						
97504		ORTHOTIC TRAINING	7/2/2004	RBRVS	\$20.91	\$20.91	XXX						
97520		PROSTHETIC TRAINING	7/2/2004	RBRVS	\$19.29	\$19.29	XXX						
97530		THERAPEUTIC ACTIVITIES	7/2/2004	RBRVS	\$19.97	\$19.97	XXX						
97532		COGNITIVE SKILLS DEVELOPMENT	7/2/2004	RBRVS	\$17.12	\$17.12	XXX						
97533		SENSORY INTEGRATION	7/2/2004	RBRVS	\$17.82	\$17.82	XXX						
97535		SELF CARE MNGMENT TRAINING	7/2/2004	RBRVS	\$20.45	\$20.45	XXX						

Please see first page for a complete description
of information in the fee schedule

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					Office	Facility					Assist	CoSurg	
97537		COMMUNITY/WORK REINTEGRATION	7/2/2004	RBRVS	\$18.83	\$18.83	XXX						
97542		WHEELCHAIR MNGMENT TRAINING	7/2/2004	RBRVS	\$19.05	\$19.05	XXX						
97545		WORK HARDENING	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX						
97546		WORK HARDENING ADD-ON	7/1/2003	BY REPORT	\$0.00	\$0.00	ZZZ						
97597		ACTIVE WOUND CARE/20 CM OR <	1/1/2005	RBRVS	\$32.49	\$32.49	XXX						
97598		ACTIVE WOUND CARE > 20 CM	1/1/2005	RBRVS	\$41.54	\$41.54	XXX						
97602		WOUND(S) CARE NON-SELECTIVE	7/1/2003	RBRVS	\$0.00	\$0.00	XXX						
97605		NEG PRESS WOUND TX < 50 CM	1/1/2005	RBRVS	\$0.00	\$0.00	XXX						
97606		NEG PRESS WOUND TX > 50 CM	1/1/2005	RBRVS	\$0.00	\$0.00	XXX						
97703		PROSTHETIC CHECKOUT	7/2/2004	RBRVS	\$16.93	\$16.93	XXX						
97750		PHYSICAL PERFORMANCE TEST	7/2/2004	RBRVS	\$19.75	\$19.75	XXX						
97755		ASSISTIVE TECHNOLOGY ASSESS	7/2/2004	RBRVS	\$24.12	\$24.12	XXX						
97799		PHYSICAL MEDICINE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00	XXX						
99091		COLLECT/REVIEW DATA FROM PT	7/1/2003	RBRVS	\$0.00	\$0.00	XXX						
99311		NURSING FAC CARE, SUBSEQ	7/2/2004	RBRVS	\$27.85	\$21.46	XXX						
99312		NURSING FAC CARE, SUBSEQ	7/2/2004	RBRVS	\$43.41	\$36.04	XXX						